

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>DesMoines Creek AFH / Rachelle Mendoza</b>	LICENSE NUMBER <b>653000</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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### About the Home

#### 1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

**We consider ourselves Partners In Care, partnering with families and individuals to meet the needs and of our residents.**

#### 2. INITIAL LICENSING DATE

**02/09/2004**

#### 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

**None**

#### 4. SAME ADDRESS PREVIOUSLY LICENSED AS:

**N/A**

#### 5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☒ Co-owned by: **Rachelle Mendoza, Patricio Mendoza, & Erika Mendoza**
- ☒ Other: **Incorporated**

## Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

### 1. EATING

If needed, the home may provide assistance with eating as follows:

**From supervision for chocking, cutting up food, tube feedings, set up, cueing, 1 person contact/guidance, to total assistance. We can prepair meals to meet nutrional and medical needs ie: mechanically soft, diabetic, renal, low sodium, and heart healthy diets.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**From supervision, setup, stand by, cueing, 1 person contact/guidance, to total assist. Peri Care, brief checks and brief changes for bladder and bowel incontinence, catheter care, and assistants with commode use.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**From supervision, stand by, cueing, 1 person contact/guidance with gait belt, to total assist with walkers and wheel chairs.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**From supervision, stand by, cueing, 1 person contact/guidance, lift and pivot turn, to hoyer lift.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**Monitoring preasure points, 1:1 repositioning every 2 - 4 hours, pillow propping, heel floating, alternating preasure pads and air mattresses.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**From supervision, setup, stand by, cueing, 1 person contact/guidance, to total assist.**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**From supervision, setup, stand by, cueing, 1 person contact/guidance, to total assist.**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**From supervision, setup, stand by, cueing, 1 person contact/guidance, to total assist. Wheel in shower chair, shower bench , and shower wand available.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**A Podiatrist is visits the home for nail care and diabetic foot care. A Beautician frequently visits the home as well. Transportation and accompaniment to appointments are available for an additional fee**

## Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**From supervision, setup, stand by, cueing, reminders, 1 person contact/guidance, to total assist with delegation.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Ordering refills, observation for side effects, charting, close contact with MD and pharmacy.**

#### **Skilled Nursing Services and Nurse Delegation**

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

**Only those tasks that are delegatable to caregivers**

The home has the ability to provide the following skilled nursing services by delegation:

**Administration of oral and topical medications, eye drops, ear drops, nasal spray, suppositories, inhalers and nebulizer treatments, glucose monitoring, oxygen, tube feedings, catheter care**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Nurse Delegator and Home Health Nursing Services are provided by third party entities, their fees are the responsibility of the resident, some fees may be covered by insurance**

#### **Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

- ☐ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

**Hospice Care as well.**

#### **Staffing**

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☐ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☒ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☐ Registered nurse, days and times: \_\_\_\_\_
- ☐ Licensed practical nurse, days and times: \_\_\_\_\_
- ☒ Certified nursing assistant or long term care workers, days and times: **1 CG onsite 24/7, 2<sup>nd</sup> CG as needed**
- ☐ Awake staff at night
- ☒ Other: **CG (caregiver) is allowed to sleep at night, makes rounds 2-3 x nightly, is on-call, call bells are provided to all residents.**

ADDITIONAL COMMENTS REGARDING STAFFING

**RN Delegator is technically not part of our**

### Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

**Mainly English Speaking Residents & Spanish Speaking Residents. LDS, Catholic, & Christian of any faith or domnaion**

#### ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We respect and will aid in maintaining the Resident's religious, ethnic, and cultural beliefs; practices, and tradition. All our caregivers speak English, most speak Spanish as well. Our family is a blend of American & Chilean; occasionally caregivers prepare Chilean dishes that our residents love. Uncommon to many Latin American countries, Chilean food is NOT SPICY.**

### Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

**Medicaid cap. is 2 beds in a shared room. We will accept a Medicaid payment if the resident has been with us for a min. of 3 years provided there's a Medicaid bed available, and the Medicaid rate is determined to be no less than \$500.00 of the private pay rate. The AFH will accept supplementation for a private room regardless of the homes Medicaid capacity, and the resident's length of stay provided the remainder of the private pay rate is supplemented by the resident's family/representative.**

#### ADDITIONAL COMMENTS REGARDING MEDICAID

**These conditions are to help assure that appropriate Staffing and AFH Operations can be maintained.**

### Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**Group and indivigual activites may include: games, crafts, puzzles, light gardening, coloring, painting, word search/cross word puzzels, light weight excersizes ie: sit-and-be-fit/PT approved range of motion, nail polishing, hand/foot massage, reminiscing, story telling/reading, music, singing, occational outings ie: car ride to see Holliday Lights; "Lunch's on Me" - 1:1/provider:resident outing/visit, movie night, summer BBQ, Holliday and Birthday Celibrations, balloon toss, "Tea Time", assisting with meal planning and preperation, bakeing, assisting with light house hold chores ie: dusting or floding laundry.**

#### ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities are offered acording to the resident's desires and abillities, an effort will be made to meet spacific requests, addition fees may apply. Activities help maintain a resident's physical and cognitive abillities and feelings of self worth.**